

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : Oleg Logvinov *et al.* CONF. NO.: 3556
SERIAL NUMBER: 10/643,316 EXAMINER : Pham, Toan Ngoc
FILING DATE : August 19, 2003 ART UNIT : 2612
FOR : **Method and System for Maximizing Data Throughput Rate in a Power
Line Communications System By Modifying Payload Symbol Length**

Mail Stop RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the present application are the following documents:


1. Request for Continued Examination (RCE) Transmittal [1 pg.];
2. Preliminary Amendment [9 pgs.];
3. Amendment fee transmittal [1 pg.]
4. Information Disclosure Statement [3 pgs.];
5. Modified Form PTO-1449 (in duplicate) [2 pgs.];
6. Copy of counterpart PCT Search Report [2 pgs.];
7. Revocation by Assignee and New Power of Attorney [2 pgs.];
8. Statement Under 37 CFR 3.73(b) including Supplemental Sheet [2 pgs.];
9. Check No. 3469 in the amount of \$395.00 to cover RCE fee;
10. Check No. 3470 in the amount of \$575.00 to cover extra claim fee; and
11. a Return Postcard.

The Director is hereby authorized to charge any additional fees that may be due to Deposit Account No. **50-0311**, Ref. No. **34585-509**, Customer No. **35437**.

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at 212-935-3000.

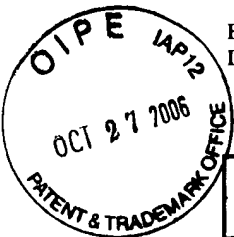
Respectfully submitted,

Dated: October 27, 2006


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Express Mail Label No.: EV873102121US
Date of Deposit: October 27, 2006

Attorney Docket No.: 34585-509



AMENDMENT FEE TRANSMITTAL			DOCKET NO. 34585-509
SERIAL NO. 10/643,316	FILING DATE August 19, 2003	EXAMINER Pham, Toan Ngoc	GROUP ART UNIT 2612
APPLICANTS:		Oleg Logvinov <i>et al.</i>	
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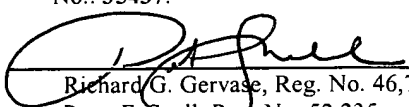
TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is a Response in the above-identified application.
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest # Previously Paid	# Extra Claims Present	Rate	Additional Fee	
Total Claims	40	- 21 =	19	x \$50.00	\$950.00	
Independent Claims	4	- 3 =	1	x \$200.00	\$200.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$00.00	
Total					\$1,150.00	
Small Entity Reduction (-50%):					\$575.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$575.00	

- ☐ Large Entity ☒ Small Entity
- ☐ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. 50-0311 in the amount of _____
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$575.00 to cover the fee is enclosed.
- ☒ The Director is hereby authorized to charge any additional fees that are assessable in this application, or to credit any overpayments, to Deposit Account No. 50-0311, Reference No. 34585-509, Customer No.: 35437.

Dated: October 27, 2006


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